MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

RIA	L	NO.			

FILING DATE

AFTER

2 [™] AMENDMENT

DEP.

IND.

APPLICANT(S)

CLAIMS

IND. DEP. IND. DEP. IND. DEP. S1 S2 S3 S4 S5 S5 S6 S7 S8 S9 S9 S9 S9 S9 S9 S9	D AFTER
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PTO - 1360 (REV. 11/04)

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